

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**REPLACEMENT OF QUALIFYING AGENT
BURGLAR ALARM COMPANY**

DOPL-AP-100 REV 09/11/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a post office box for your address of record rather than your home address.

Social Security Number: The qualifying agent's social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit the original letter from Experior verifying that the qualifying agent has passed the Utah Burglar Alarm Security Law and Rules Examination.
2. Submit the original letter from Experior verifying that the qualifying agent has passed the Burglar Alarm Qualifier Examination.
3. Submit a resume describing in detail the qualifying agent's 6,000 hours of experience in the alarm company business and in addition the qualifying agents 2,000 hours of

experience as a manager or administrator in the burglar alarm or construction business. Include information naming the burglar alarm company(s) the qualifying agent worked for and the positions the qualifying agent held with each burglar alarm company. Describe in detail the supervisory or administrative responsibilities held in each position.

4. Submit two (2) blue applicant fingerprint cards (Form FD-258) for the qualifying agent to be used by the Division for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).
5. Submit a copy of the qualifying agent's driver's license or Utah identification card clearly indicating the driver's license number or Utah ID number.
6. Submit a "Request for Verification of Qualifying Experience" form (attached to this application) documenting the qualifying agent's qualifying experience consisting of 6,000 hours of experience as a manager, supervisor, or administrator of an alarm company.
7. Submit a \$40.00 non-refundable application processing fee for the replacement of the qualifying agent.
8. Submit a \$15.00 non-refundable surcharge for a BCI fingerprint file search for the qualifying agent unless the qualifying agent is currently licensed, in good standing, as an Alarm Company Agent in Utah.
9. Submit a \$24.00 non-refundable surcharge for an FBI fingerprint file search for the qualifying agent unless the qualifying agent is currently licensed, in good standing, as an Alarm Company Agent in Utah.

ADDITIONAL IMPORTANT INFORMATION:

1. **Examinations:** The qualifying agent must pass the Utah Burglar Alarm Security Law and Rules Examination and the Burglar Alarm Qualifier Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

A study guide, which has been prepared to assist candidates taking law exams, may also be purchased from Experior.

In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Burglar Alarm Security and Licensing Act
- ☐ Burglar Alarm Security and Licensing Act Rules

2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
3. **Fingerprint Information:** All applicants are now required to include two (2) applicant fingerprint cards with their application. Applicant fingerprint cards are supplied with the application if you obtain the application from the Division or from Experior. If you have downloaded the application from the Internet, you may obtain fingerprint cards from the Division or from the Bureau of Criminal Identification at 3888 West 5400 South, Taylorsville, Utah.

Note: The Division will not roll your fingerprints. To have your fingerprints rolled on the applicant card, you must go to the Bureau of Criminal Identification or your local police station. There is a fee charged for this service. The Bureau of Criminal Identification will guarantee the fingerprints they roll. We strongly recommend that you go directly to the Bureau to roll your fingerprints and then include the complete fingerprint cards with your application. Fingerprint cards that are not complete and/or do not have adequate fingerprints will be rejected leading to a delay in the licensure process.

4. **Review of your BCI Record:** You have the right to review your FBI record and to complete, or challenge the accuracy of, the information contained in that record. If you wish to review your FBI record, contact the FBI field office that serves your area for instruction on the procedure and any applicable fees. All residents of Utah should direct their inquiries to the Salt Lake Field Office, 257 East 200 South, Suite 1200, Salt Lake City, Utah 84111. Telephone (801) 579-1400
5. **Application Processing:** The Division requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks. An applicant may not begin working in the Burglar Alarm business until the application has been approved.
6. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
7. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
8. **Payments:** Make licensure fees payable to "DOPL."

9. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

10. **Telephone Numbers:** (801) 530-6628
(801) 530-6208
(801) 530-6634
(801) 530-6964

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675

11. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name which will appear on the license. This is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Burglar Alarm Company. If the applicant is not required to be registered with the Utah Division of Corporations, it is the name of the burglar alarm company or facility where the licensed activity is to be conducted.

APPLICATION FOR: Replacement of Qualifier for a Burglar Alarm Company

BUSINESS LEGAL NAME: _____

PUBLIC MAILING ADDRESS: _____

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Full Name and Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

QUALIFYING AGENT:

Full Name and Title: _____

Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Relationship of Qualifying Agent to Burglar Alarm Company: (Check all that apply.)

_____ Officer _____ Director _____ Partner

_____ Proprietor _____ Manager

EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

_____ The Utah Burglar Alarm Law and Rules Exam, Date(s) Taken: _____

_____ Burglar Alarm Qualifier Examination, Date(s) Taken: _____

QUALIFYING EXPERIENCE REQUIREMENT:

Please attach a resume describing in detail the qualifying agent’s 6,000 hours of experience in the alarm company business and in addition the qualifying agents 2,000 hours of experience as a manager or administrator in the burglar alarm or construction business. Include information naming the burglar alarm or construction company(s) the qualifying agent worked for and the positions the qualifying agent held with each burglar alarm company. Describe in detail the supervisory or administrative responsibilities held in each position.

BURGLAR ALARM COMPANY QUALIFYING AGENT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever been terminated from a position because of drug use or abuse?
10. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Questions continue on following page.)

11. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
18. _____ Have you ever been incarcerated for any reason in any federal, state, or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for replacement of qualifying agent in the State of Utah.

I am qualified in all respects for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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REQUEST FOR VERIFICATION OF QUALIFYING EXPERIENCE

PART I - TO BE COMPLETED BY THE APPLICANT: Complete Part I and submit a copy of the entire document to each Burglar Alarm Company where you received qualifying experience.

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Burglar Alarm Company Name: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

2. Burglar Alarm Company Name: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

3. Burglar Alarm Company Name: _____

Phone: _____ Dates of Employment: from _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Number of hours as manager, supervisor, or administrator: _____

Applicant Signature: _____ Date: _____

PART II - TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE BURGLAR ALARM COMPANY:

Please review Part I of this form and furnish the information requested below. Sign the document, place the completed form in a sealed envelope, and provide it to the applicant in person or by mail.

Burglar Alarm Company Name: _____

Answer “yes” or “no.”

_____ Do you agree with the information listed on the reverse side of this page from the applicant?

_____ Would you re-hire the applicant?

_____ Would you recommend that this applicant be approved as a Qualifying Agent?

If “No,” please indicate reason(s): _____

What position did the applicant have with your company? (Please check all that apply.)

_____ Officer _____ Partner _____ Manager

_____ Director _____ Proprietor _____ Other, specify: _____

GENERAL WORK HISTORY:

_____ Outstanding _____ Exceeded Requirements _____ Met Requirements

_____ Needed Improvement _____ Unsatisfactory

I have reviewed ALL the information on this document and attest that to the best of my knowledge the information concerning the burglar alarm security company I represent is accurate and truthful.

Burglar Alarm Company Representative Name: _____

Title: _____

License Number: _____ State of Licensure: _____

Burglar Alarm Company Representative Signature: _____

Date: _____